

CRITICAL RESPONSE REPORT/Chicago Police Department

10/24

1049351

1. DATE OF INCIDENT 16-OCT-2011		TIME 21:45:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 277		4. BEAT/OCCUR 0333										
5. POSITION 9161		6. LAST NAME NORMAND		7. FIRST NAME MATTHEW I		8. STAR NO. 5722		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 602		13. WT. 195			
14. DATE OF APPT. 27-NOV-2006		15. EMPLOYEE NO. 103463		16. UNIT & BEAT OF ASSIGNMENT 003 0363D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. V		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 602		27. WT. 175	
28. ADDRESS 6101 S HONORE AVE CHICAGO, IL				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid											
36. CHARGES PLACED				[REDACTED]				37. CB NO. 18259727				IR NO. [REDACTED]							
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION THE SUBJECT BATTERED THE OFFICER AT APPROX. 7 [REDACTED], THEN CONTINUED TO FLEE UNTIL HE WAS TAZED AT [REDACTED] AFTER INITIALLY RUNNING FROM [REDACTED]															
POSITION		STAR NO.		UNIT															
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) 07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR											
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
49. TASER DART ID NO. C31013RY6		50. WEAPON SERIAL No. (Include Letters) X00-177541		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED											
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. [REDACTED]					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. R.D. [REDACTED]											
NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
73. REPORTING MEMBER (Print Name) NORMAND, MATTHEW I 16-OCT-2011 23:08:21		STAR/EMPLOYEE NO. 5722		SIGNATURE [REDACTED]															
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
74. REVIEWING SUPERVISOR (Print Name) SCHNIER, BRIAN T		STAR NO. 1273		SIGNATURE [REDACTED]		DATE REVIEWED 16-OCT-2011 23:09:03		TIME											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Refused

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as learned, it is the undersigned findings that the actions of the officer towards this assailant fall within the guidelines of the department's use of force model.

The assailant was tazed by the officer. Tha assailant was wearing a "Carhart" jacket and the probes never penetrated the jacket. A second contact stun was given by the officer but this also had no effect on the arrestee.

Per Message #200518 (22 July 2011), a CL# was obtained as a matter of protocol, no initiation report is to be completed as it has been determined by the undersigned that there is no misconduct by the officer. (CPIC - Gonzalez #3445 notified)

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1049351 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CARROLL, GERARD J

SIGNATURE

DATE COMPLETED

TIME

16-OCT-2011 23:52:13

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)